

CLAIMS ONLY

Application Number

"Filling Date

10/771543

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/	/				
2		/				
3		/				
4		/				
5	/	/				
6		/				
7		/				
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47						
48						
49						
50						
Total Indep.	1					
Total Depend.	8					
Total Claims	9					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						